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CONFIRMATION NO. 9952

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/800,952	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 8266-1224
<b>APPLICANTS</b> James J. Romano, James Island, SC; Sohrab Soltani, Charleston, SC; Michael V. Bolden, Charleston, SC;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/793,723 03/05/2004 which is a CON of 09/921,317 08/02/2001 PAT 6,701,556 which is a DIV of 09/306,601 05/06/1999 PAT 6,269,504 which claims benefit of 60/084,411 05/06/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/29/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>M</i> Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SC	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 25267				
<b>TITLE</b> Patient support				
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	